

SALT LAKE EMS DISTRICT

(Official Protocol No. 41)

Protocol No. 41

I.V. Protocol

Revised 2003

GENERAL CONSIDERATIONS:

In most cases, the responding paramedic provider starts I.V.'s. The following protocol is to clarify the circumstances and guidelines for pre-hospital paramedic and non-paramedic I.V starts.

1. If non-paramedic providers arrive on scene before the Paramedic Rescue, they will first establish scene safety then do an initial assessment of the patient paying particular attention to the airway, breathing, and circulation. Appropriate interventions will then be initiated (i.e. basic airway management, O2, c-spine immobilization, control bleeding, etc.) If the Paramedic Rescue has not yet arrived and an I.V. is indicated (e.g. Cardiac Arrest, Suspected MI, Hypovolemia), the I.V. certified non-paramedic provider may be directed by the responding Paramedic Rescue or online Medical Control to establish an I.V.
2. I.V. certified non-paramedic providers may attempt an I.V., limiting the attempt to one upper extremity and two attempts per patient (except in patients with only one upper extremity that may be suitable for an I.V., in which case only one attempt may be made.)
3. On non-paramedic scene calls the I.V. certified non-paramedic responder may be directed by online Medical Control to establish an I.V. At no time will I.V. attempts delay transport. These attempts will also follow guideline #2.
4. An I.V. may be established by a paramedic working on a Paramedic Rescue unit when deemed appropriate without direction from on-line Medical Control. If the patient does not require any further ALS interventions they may be released to the I.V. certified non-paramedic providers for transport after contacting online Medical Control.
5. An I.O. may be initiated for the critically ill patient without obtainable I.V. access. The I.V. certified non-paramedic provider as directed by the responding Paramedic Rescue or online Medical Control may establish an I.O.